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456 YOUNG & TE 209 Madison Su Suite 5(8) Alexandria, VA	IOMPSON ***!	73010	sa	Certificate of Mailing or Transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmitted is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop 1981/E FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	Ř	ATTOR	ney docket no.	CONFIRMATION NO.	
10/577,227 TITLE OF INVENTION PROGRAM	06/26/2006 N: INFORMATION RI	SCORDING MEDIUM,	Eiji Muramaisu INFORMATION RECC	RDING DEVICE		8048-1156 ETHOD, AND COM	ACOR PUTER	
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1. Change of correspondence address or indication of "Fee Address" (37 CFB 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12%) stracked. Cl "Fee Address" indication (or "Fee Address" ladication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to the species OR, alternate	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys on agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been freconfation as an footh in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PIONEER CORPORATION TOKYO, JAPAN							ument has been filed for	
		categories (will not be p	•		omentio	n ar other private grou	p entity 🚨 Government	
4a. The following fee(s): Liste Fee Liste Fee Liste Fee (N	······································	b. Payment of Fee(s): (Please first reapply any previously paki base fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Other Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (exclose an extra copy of this form).						
• •	aus Ytttaillents a	(IF NECESSARY) D b. Applicant is no longer claiming SMALL ENTITY states. See 37 CFR 1.27(8)(2).						
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Authorized Signature	- Benoch	Date August 13, 2010						
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